



Oregon

Theodore R. Kulongoski., Governor

Department of Human Services

Health Services

800 NE Oregon Street

Portland, OR 97232-2162

(971) 673-0520

FAX: (971) 673-0533

Internet: <http://egov.oregon.gov/dhs/ph/ems>

70310 70421 2205

APPLICATION FOR EMT RE-EXAMINATION

(NAME)

(Mailing Address)

(City)

(State)

(Zip Code)

Home Phone _____ Work Phone _____

Is this a new address? () yes () no E-mail Address: _____

I wish to pursue EMT certification. Enclosed is my check made payable to 'DHS/EMS' .

LEVEL

PRACTICAL ONLY

EMT-Basic _____ \$30

LEVEL

WRITTEN ONLY

PRACTICAL ONLY

BOTH

EMT-I _____ \$50 _____ \$50 _____ \$50

NOTE: All EMT-Basic and EMT-Intermediate practical exams close **three weeks prior** to the scheduled exam. **If you are scheduling a retest exam, all arrangements will need to be coordinated through your training school's Program Director.** This needs to be finalized and submitted by the school hosting the exam. The exam list is posted on our website at: <http://oregon.gov/DHS/ph/ems/> .

Please return this form and appropriate non-refundable fee to DHS/EMS Business Services Section, PO Box 14260 Portland OR 97293-0260.

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1/22/09

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